



"Integrity...Fairness...Service"

BALTIMORE COUNTY POLICE DEPARTMENT RETIREE CERTIFICATION FORM

Please note: Please list your preferred date & time at the bottom of this form. We cannot guarantee that your range date will coincide with your expiration date. Upon approval of your application you be notified by email of your qualification date. Qualification slots are available on a first come, first serve basis.

POLICE ID NUMBER	DATE OF RETIREMENT	CURRENT HANDGUN PERMIT (IF YES PROVIDE PERMIT STATE AND NUMBER) <input type="checkbox"/> YES <input type="checkbox"/> NO STATE: MD #:		LEOSA EXPIRATION DATE
LAST NAME : PLEASE TYPE OR PRINT CLEARLY		FIRST NAME		MIDDLE NAME
E-MAIL ADDRESS				
STREET ADDRESS				
CITY/COUNTY		STATE	ZIP CODE	
ALTERNATE ADDRESS		CITY/COUNTY	STATE	ZIP CODE
SEX	RACE	DOB	DRIVER'S LICENSE NUMBER & STATE	
PLACE OF BIRTH (CITY/STATE/COUNTRY)		HOME PHONE NUMBER & CELL PHONE NUMBER		WORK PHONE NUMBER
1. HAVE YOU EVER BEEN SERVED WITH AN EX-PARTE OR PROTECTION ORDER FOR DOMESTIC VIOLENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
2. HAVE YOU EVER BEEN CHARGED WITH, ARRESTED FOR, OR CONVICTED OF ANY VIOLATION OF CRIMINAL LAW? <input type="checkbox"/> YES <input type="checkbox"/> NO				
3. ARE YOU CURRENTLY ON PAROLE OR PROBATION OR MANDATORY SUPERVISION? <input type="checkbox"/> YES <input type="checkbox"/> NO				
4. HAVE YOU EVER BEEN CONFINED OR COMMITTED TO A MENTAL INSTITUTION OR HOSPITAL FOR TREATMENT OR OBSERVATION FOR A MENTAL OR PSYCHIATRIC CONDITION ON A TEMPORARY OR PERMANENT BASIS? <input type="checkbox"/> YES <input type="checkbox"/> NO				
5. HAVE YOU EVER BEEN ATTENDED, TREATED OR OBSERVED BY ANY MEDICAL DOCTOR, PSYCHIATRIST, HOSPITAL OR INSTITUTION, INCLUDING VOLUNTARY COMMITMENT FOR ANY MENTAL OR PSYCHIATRIC CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO				
6. ARE YOU ADDICTED TO OR HAVE YOU EVER BEEN OR ARE YOU CURRENTLY BEING TREATED FOR ALCOHOLISM, ADDICTION TO CONTROLLED DANGEROUS SUBSTANCES OR ADDICTION TO ANY DANGEROUS SUBSTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
ON ATTACHED CONTINUATION PLEASE INCLUDE THE FOLLOWING: A. IF YOU ANSWER <u>YES</u> TO THE ABOVE QUESTIONS (1 - 6), PLEASE PROVIDE DETAILS INCLUDING WHEN, WHERE AND WHAT. B. GIVE FULL DETAILS OF PRIOR DENIAL, SUSPENSION, REVOCATION OR TERMINATION OF YOUR HANDGUN PERMIT, LICENSE, CERTIFICATION OR REGISTRATION IN MARYLAND OR ANY OTHER STATE OR JURISDICTION.				
I DO HEREBY DECLARE AND AFFIRM UNDER PENALTIES OF PERJURY THAT THE CONTENTS OF THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF AND I SO INDICATE BY SIGNING BELOW. I AGREE TO SUPPLY ANY ADDITIONAL INFORMATION REQUESTED.				
RETIREE'S SIGNATURE			DATE	

Preferred Date: _____ Time _____ 2nd Choice Date: _____ Time _____ 3rd Choice Date: _____ Time _____

RETURN COMPLETED FORM TO:

Email: LEOSA@BALTIMORECOUNTYMD.GOV
BALTIMORE COUNTY POLICE
FIREARMS TRAINING CENTER
2001 DULANEY VALLEY RD.
LUTHERVILLE, MD 21093

RETIREE CERTIFICATION FORM (Rev. 02/15; 8/2018; 12/2018; 4/2019; 2/25/2020)

FOR POLICE DEPARTMENT USE ONLY

NCIC CHECK
Approved: _____ Denied: _____
Date: _____
Comments: _____

RETIREE CERTIFICATION FORM

CONTINUATION

If you answer yes to any questions 1-6, please explain below

[illegible]